sinus has formed in the vicinity of the cicatrix, and some pus discharges daily from it. It improves rapidly under treatment and will, I have no doubt, close shortly. He has had no return of the paraplegic symptoms.

CASE XI.—W. H. W., a very delicate, deformed boy, seven years of age, gave five weeks' history of paraplegia, which developed more or less suddenly, and was accompanied by imperfect control over the sphincters. He was operated on in April, 1891, when extensive disease of the bodies of two or three vertebræ was found. He recovered rapidly. He now leads an active life, has had no return of the paraplegic symptoms, and the spinal disease is apparently cured.

The author recommends operating on these cases as early as possible, if a short period of recumbency is not followed by definite improvement.

The operation in no way interferes with the treatment by recumbency, the latter being a necessary consequence of the former in order that the spine may anchylose firmly. If a case does not recover with operative treatment and recumbency, it obviously will not recover if treated by recumbency alone. He points out that one of the cases had, after fifteen months' recumbency, been cured of his paraplegia; but that it was found on operating on him for a relapse of his symptoms, five years afterward, that the relief of the cord from pressure had been due to an extension of the abscess forward into the chest, where it had acquired a more or less perfect bony wall, and remained latent for five years. The tension within the abscess then increased for some reason or another, and paraplegia again developed. On this occasion the abscess cavity, which was as large as a tangarine orange, was readily and effectually cleared of its contents.—*British Medical Journal*, December 31, 1892.

II. Passive Congestion in the Conservative Treatment of Tuberculous Joints. By HERBERT W. PAGE (London). The author describes the method practiced by Bier in Esmarch's clinic at

Kiel. The old observation that passive congestion of the lungs provided or seemed to provide immunity against tubercular infection led to the suggestion that induced congestion of a part might have a like effect. This was done by bandaging the parts above and below the affected joint. If, for example, the elbow joint were affected, the fingers, hand and arm are bandaged up to a point immediately below the articulation, while directly above it the arm is next encircled with an inch-wide elastic band, sufficiently tight to impede but not arrest the circulation, passive congestion of the intervening zone being thus induced. The skin has to be protected from the direct pressure of the elastic band by a piece of lint or bandage beneath it. Splints are wholly unnecessary, and the limb may be used as much as the fact of its imprisonment in bandages will allow. The method is somewhat painful for a day or two in the beginning, but discomfort soon disappears. The author refers to cases of tubercular synovitis of the elbow, tuberculous ulceration of the skin, tuberculous knee joint disease and tuberculous epididymitis. The method is applicable to tuberculosis of the skin and the synovial membranes, but not to disease of the cartilage or bone.—*London Lancet*, November 19, 1892.

III. Tenotomy by the Open Method for Contracted Knee. By FREDERICK TREVES, F.R.C.S. (London). A woman, aged twenty-one, had a contracted knee resulting from tuberculous joint disease of four years' duration. The knee had been at first immobilized for seven months, from which permanent stiffness of the limb resulted; eight months later an abscess formed in the outer part of the popliteal space, ultimately opening and continuing to discharge for six months. A few months later a tuberculous ulcer formed over the outer malleolus and persisted for two years. The author readily relieved this by scraping and grafting. The limb was in the position of semi-flexion, and suspension from bands about the ankles and thigh, with a weight upon the knee, and later the use of a back splint, failed to secure improvement. The author then dissected up a rectangular flap, including the whole integumentary covering of the popliteal space, and divided the tendons of the semi-membranosus